

through the centre of the pupil and the centre of the iris deviates with its upper end 40 toward the nose in the right eye, and in the left 10. In the direction of these axes both pupils are slightly oval. Minus 1.75 cylinders with their axes coinciding with these directions are required to give full vision. (The left eye also required minus 3 spheres.) Tested for near vision during accommodation, the axis of the right cylinder had to be turned more horizontally by 17, and that of the left by 10 to give the best vision for near.

As the ophthalmometer showed the absence of all trace of corneal astigmatism, it followed that this resided in the lenses, both of which were suspended slightly eccentrically, which accounted for the astigmatism. During accommodation an additional movement of the lenses upward and inward took place; hence the change in the axis of the cylinder.

Movements like this obviously furnish an explanation of the temporary alteration of astigmatism during accommodation, an occurrence which has hitherto been explained by hypothetical partial contraction of the ciliary muscle.

A Suggestion for the Rapid Removal of Fine Ingrowing Eyelashes.—JOHNSON (*The Ophthalmoscope*, November, 1904) advocates melting a minute particle of cobblers' wax upon the blades of the epilation forceps to obviate slipping. Resin has been suggested as an improvement upon the wax.

A Few Expedients in Cataract Extraction.—MADDOX (*The Ophthalmoscope*, November, 1904) advocates suturing the conjunctival flap after extraction of cataract. Its advantages are: (1) speedier union; (2) protection from infection; (3) greater security from accident—*e. g.*, vomiting, sneezing, coughing, etc.; (4) smaller prolapses; (5) greater freedom for the patient; (6) fewer rejected cases; (7) open dressing facilitated.

Possible objections are: (1) their aid is small; (2) the danger of sepsis (none if properly placed); (3) the operation is prolonged; (4) astigmatic effect by dragging upon the corneal flap if not properly inserted.

Persistent antisepsis after extraction may be directed especially to the lacrymal sac by means of finely powdered boric acid (about a drachm), filling up the hollow between the eye and the root of the nose. The usual dressings are laid over this. The tears melt away a part of the powder, thus keeping the lacrymal sac constantly bathed in the solution. Boric acid has, it is true, small slaying power over microbes, but its retarding power is not to be despised—*e. g.*, meat may be kept for years by means of it without putrefaction. This procedure is not recommended in all cases, but only for those in whom it seems to be specially indicated. It may perhaps be possible to find a better antiseptic powder than the boric acid.

Heat and cold after discission for congenital cataracts and myopia. The indications may be put thus: a small pupil shortly after operation cries for ice. A dilated pupil with swelling lens, and especially if with rising tension, cries for heat. Maddox thinks that the knowledge of what can be done by cold and heat in their appropriate seasons removes the fear which dictates only a slight needling on the first occasion,

rendering it possible to effect the entire solution of the lens at a single needling.

Massage as an aid to local anæsthesia. Penetration of eye drops may be assisted by massage through the eyelids. In this way the iris may be anæsthetized, and some cases of glaucoma that would otherwise have required chloroform may be rendered operable under cocaine.

Maddox prefers a speculum which has a guard for the lashes of the upper lid only. None is required for the lower lashes, since they point downward, and it lessens the field for the fixation forceps. With such an arrangement a right and left speculum is required.

Dionine is unsuitable for instillation for the first few days, on account of the sneezing which it produces. After that he uses it regularly with the idea that it hastens absorption of the lenticular remains.

Eczema of the head and face renders extraction rather dangerous. Suppuration is more apt to occur.

In very old people it is sometimes of advantage to give stimulants from the start to keep up the vitality of the flap.

Stevaine: The New Local Anæsthetic.—STEPHENSON (*The Ophthalmoscope*, November, 1904) recommends this agent as a trustworthy and relatively non-toxic local anæsthetic, and one capable of ready sterilization by boiling.

Notwithstanding that surgery already possesses a formidable list, cocaine, holocaine, tropacocaine, nervanine, yohimbine, eucaine B, eucaine lactate, etc., the ideal has not yet been found. We still need a local anæsthetic that shall at once be non-irritating, non-toxic, antiseptic, efficient, and moderate in price; it will, moreover, possess not only anæsthetic but analgesic powers as well.

Suppuration of the Labyrinth.—MARCEL LERMOYER (*Presse medicale*, 1902) reports 200 cases of suppurative disease of the labyrinth which, when taken comparatively, lead to the conclusion that secondary labyrinth infection as a result of suppurative middle-ear disease may come about in three ways: through the circulation, as in labyrinth infection from septic emboli, in abscess of the parotid; from the cranial cavity, in the course of a cerebrospinal meningitis, and, finally, directly from the middle ear inward.

Normally there is no passage for pus or other fluid from one cavity to the other, the oval and round windows being firmly and protectively closed by membranes; any direct opening, therefore, must be of traumatic or pathologic origin.

Suppurative disease of the labyrinth rarely occurs as a consequence of fracture of the base of the skull, the cranial cavity being normally aseptic and affording a protective outflow.

Two operations, the entire justifiability of which is still, in the author's opinion, in question, may lead to labyrinth suppuration—namely, puncture of the round window and extraction of the stapes, and it may also result from an unintentional invasion of the labyrinth attendant upon lack of care in paracentesis of the drumhead, extraction of a deep-seated foreign body, or in the radical operation.

In the latter instance, when the opening into the labyrinth occurs on the inner wall of the aditus, at the point of greatest projection out-